

Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Property Location (provide directions from local health department):  
\_\_\_\_\_

Tax Map: \_\_\_\_\_ PIN # \_\_\_\_\_  
Subdivision Name (if applicable): \_\_\_\_\_ Lot # \_\_\_\_\_

Current Use (include # of Bedrooms): \_\_\_\_\_  
Proposed Use (include # of Bedrooms): \_\_\_\_\_

Please attach any recent records of onsite system (Pump-outs, or Operation and Maintenance Reports).

Has property been occupied during previous 30 day period: Y or N

The septic tank and distribution box are uncovered for inspection: Y or N Components will be uncovered by \_\_\_\_\_ (date).  
(To prevent potential damage to the system VDH recommends homeowners first contact Miss Utility for marking any underground utilities. The septic tank and distribution box should be carefully excavated by hand.)

Uncovering the septic tank and distribution box would cause an undue hardship: Y or N If Y reasons for hardship:

(Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components.)

Related Building Permit #: \_\_\_\_\_ Health Department I.D.#: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

**This report is only intended to address the above referenced request and does not address evaluation procedures for sewage systems being sold through real estate transfers, or systems and water supplies being re-used as part of a subdivision process. This document specifically addresses VDH's implementation of § 32.1-165 of the Code of Virginia and is not to be used for any unauthorized use.**

**The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage disposal systems, and proposed structure(s) is attached.**

Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# County of Wise Department of Building & Zoning

## Request for Health Department Review

### Building/Zoning Department Use Only:

The \_\_\_\_\_ (County/City) Building and/or Zoning Department hereby requests that the Virginia Department of Health evaluate the onsite sewage system and/or water supply on the property described below to determine whether:

The existing onsite sewage disposal system is safe, adequate and proper (SAP) for the proposed use (see §32.1-165 of the *Code of Virginia*). Note: This block can only be marked if the structure is designed for human occupancy.

The proposed use will encroach upon the existing onsite sewage disposal system and/or water supply.

Other or Comments:

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Attachments (sketch, building plans, plat)

Building/Zoning Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: This written application is not required if an electronic process is already in place for the local building official to request a SAP evaluation from the local health department.**

